

# Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



## LadyHawks Fall 2003 Softball League

### League Information

- League Dates:
- Eight (8) games plus single elimination tournament.
- Two games per week
- Fee: \$45 per player
- No one under 9 years old will be allowed in league
- Two umpires per game.
- Scorekeeper/Field Supervisor Provided
- Fields Prepared by Parks & Recreation
- 12 under- Play games on Tuesday/Saturday
- 14 under- Play games on Wednesday/Saturday
- Relaxed developmental league atmosphere
- Game time limit: 1:30
- Free substitution
- Bat all players present



### LadyHawks Softball League

Fall 2003

Participant Name: _____	Date of Birth _____	Age _____	Sex _____
Address: _____	APT # _____	City _____	Zip _____
Phone: Eve _____	Day _____	School _____	Grade (In Fall) _____
Parent's Name: _____	Please Circle Class Code:	12 under: LHAWK1D	
		14 under: LHAWK2D	
Coach/ Team Affiliation (Must have prior approval): _____			

### Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: \_\_\_\_\_

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature AND Printed Name

Date

**LadyHawks 2003 Fall Softball TEAM REGISTRATION FORM**(PLEASE PRINT: USE BLACK INK ONLY)

TEAM NAME \_\_\_\_\_

COACH/PERSON IN CHARGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL/MOBILE \_\_\_\_\_

PAGER/OFFICE PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

Circle the League you are requesting:

11/ 12 league

13/14 under

Player	Address	City	Grade	Age
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

Rosters must be filled out completely. Roster will be checked for validity purposes. As the representative of my team I have read and agree to all the rules and regulations of the Tempe / East Valley Summer Prep Softball League, and verify to the best of my knowledge that all information given on this form to be true and accurate.

\_\_\_\_\_  
Coaches Signature\_\_\_\_\_  
Date